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FEC FORM 3

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	TOT All Authorized Committee					Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	T ▼ Example: If typing, type over the lines.			12FE4M5				
GOEHRING FOR CO	ONGRESS							. ,	
			1 1 1				<u> </u>		
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ADDRESS (number and street)	PO BOX 505						 		
Check if different than previously reported. (ACC)	CLEMENTS				CA	95227	<u></u>		
2. FEC IDENTIFICATION	NUMBER ▼	CITY A			STATE A		P CODE	.	
C C00463059		IS THIS REPORT	NEW	OR	AMEN (A)		STATE ▼	DISTRICT	
4. TYPE OF REPORT (0 (a) Quarterly Reports: April 15 Quarterly	y Report (Q1)	12-Day PRE	-Election Repo Primary (12P Convention () {{	General (•	Runc	off (12R)	
July 15 Quarterly October 15 Quar		Election on	M M /	D D /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11	in the State of		
January 31 Year-	End Report (YE) (c)	30-Day POS	T-Election Rep	7	Runoff (3	0R)	Spec	cial (30S)	
Termination Repo	ort (TER)	Election on	M M /	D D /	V V V V	¥	in the State of		
5. Covering Period	י ל" (ר' פֿי י לַל") י לַל" (בַּצַרי	0 1 5	through	[<u>"</u> ") "\$	' 3⁻ '6 '	2 0 1			
I certify that I have examined		best of my kn	owledge and i	belief it is ti	rue, correct an	d complete			
Type or Print Name of Treasur	rer Terry McDonald								
Signature of Treasurer Teasurer	erry McDonald			(Date 10	15	201	5	
NOTE: Submission of false, erro	oneous, or incomplete inf	formation may	subject the per	son signing	this Report to	the penalties	of 2 U.S.(C. §437g.	
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